PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number 0/089/65

| CLAIMS AS FILED - PART I | | | | | SMALL ENTITY OTHER TH | | | | |
|---|--------------------------|--------------------------------------|-------------------|----------------|----------------------------|------------------------|------------|---------------------|------------------------|
| (Column 1) | | | (Column 2) | | TYPE - | | OR_ | OR SMALL ENTITY | |
| TOTAL CLAIMS | | | | | RATE | FEE | | RATE | FEE |
| FOR | NUMBER FILED | NUMBE | R EXTRA | В | ASIÇ FEE | 375.00 | OR | ASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | minus 20= | • | | | X\$.9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | minus 3 = | * | | | X42= | | OR | X84= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | +140= | Tiri . T. | پر: OR | +280= | •• |
| * If the difference in column 1 is | less than zero, ente | er "0" in co | olumn 2 | L | TOTAL | | OR | TOTAL | · · · · · |
| CLAIMS AS AMENDED - PART II | | | | , | SMALL E | NTITY | OR | OTHER SMALL | |
| CLAIMS REMAINING | HIG NUI PREV | HEST MBER HOUSLY D FOR | PRESENT. EXTRA | | RAŢE | ADDI- TIONAL FEE | -: | RATE | ADDI- TIONAL FEE |
| Total + C Independent + 3 | Minus ** o | 20 | = | | X\$ 9≐ | ·::; | ÖR | ∴X\$18= | 1 |
| Independent + 3 | Minus *** | 3 | = | | X42= | | OR | X84= | |
| FIRST PRESENTATION OF M | MULTIPLE DEPENDEN | NT CLAIM | | | +140= | 1 | OR | +280= | |
| | | | • | L | TOTAL DDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| 9/7/ (Column 1) | (Col | umn 2) | (Column 3) | _ ^ | | | _ | | |
| CLAIMS REMAINING | NU PRE | SHEST IMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total + 19 Independent + 2 | Minus . ** | 0 | =O: |] [| X\$ 9= | | OR | _X\$18= | |
| Independent * 2 | Minus *** | 3 | =0 | | X42= | | OR | X84= | · · |
| FIRST PRESENTATION OF | MULTIPLE DEPENDE | NT CLAIM | | ا ^ر | +140= | : | OR | +280= | |
| | | • | | L | TOTAL DDIT: FEE | | OR | ADDIT. FE | |
| (Column 1) | (Co | lumn 2) | (Column 3) | • | 16. | | <u>.</u> | | - 11 |
| CLAIMS REMAINING | HI NI PRE | GHEST UMBER EVIOUSLY ND FOR | PRESENT EXTRA | | RATE | FEE | | RATE | TIONA FEE |
| Total * Independent * | Minus ** | | ' |]: | X\$ 9=_ | | OR | X\$18= | |
| Independent * | Minus | | - | + | X42= | | OR | X84= | |
| FIRST PRESENTATION OF | MULTIPLE DEPENDE | NT CLAIM | A | 7 | +140= | | OR | +280= | |
| • If the entry in column 1 is less that | n the entry in column 2, | write "0" in c | otumn 3. | | TOTAL | | OR | TOTA | |
| If the "Highest Number Previoush | OME EAT IN THE STATE | CE SI RESS U | mag anter 3 | o." ber for | ADOIT. FEE und in the a | | - , | | |